

Know Your Customer Form - Individual

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY IN BLOCK LETTERS ONLY

- To comply with our obligations under the Proceeds of Crime Act, Chap. 11.27 (as amended), the Financial Obligations Regulations, 2010 (as amended) and the Foreign Account Tax Compliance Act (FATCA), ANSA Merchant Bank Limited (AMBL) is mandated to request the information contained therein.
- A separate Know Your Customer (KYC) form is required for each additional joint account holder.

SECTION 1. Identity Information									
Title Given Name(s) Surname									
	Given Name(s)								
Date of Birth	f Birth Gender Marital Status								
	Male Female Single Married Divorced Common law Widowed								
Nationality	Citizenship Other Citizenship								
SECTION 2. Proof	of Identity								
	·								
ID Type	ID Number	Issue Da	te	Expiry date					
L									
SECTION 3. Address	ss Information								
Address line 1	ential Address		Correspo	ndence Addres	SS				
Address line 2									
City/ Town									
-									
Country									
SECTION 4. Contact	ct Information								
Home Number	Work	Number	N	лobile Number	•				
Tionic Humber		Tallibe.							
Francii Address	I								
Email Address									
SECTION 5. Expected Source of Funds through Accounts									
Salary	☐ Rental income	Gratuity	Pensio	on	☐ NIS payment				
☐ Interest/ Dividends	☐ Business profits	<u> </u>			Other				
Please specify other									
	1								
CECTION 6	oo of Desires - D. I	ation abis							
	se of Business Rel								
open mutual fund		apply for loan facility		local market securities investment					
open/ renew fixed dep		foreign currency exchange		foreign market securities investment					
open demand deposit purchase bond / treasury bill other (please specify below)									
 									

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Name of Bu	siness											
Nature of B	usiness											
1. List of pr	oducts and	d services pr	ovided b	y the c	ompany.							
Business ad	dress											
Business #			Fax	#				Email				
Last annual	earnings			L	ast Annua	l Profit				# of e	mployees	5
2. Are you a	an Attorne	y-at-law, Ac	countant	or Inc	dependent	t Legal Pı	rofess	ional inv	olved in tl	ne follow	ing on be	half of clients?
a) Buying	and selling	of real esta	te;								☐ Yes	□No
b) Managi	ng of clien	t money, sed	curities, a	and oth	ner assets;	;					☐ Yes	□No
c) Manage	ement of b	anking, savi	ngs, or se	ecuritie	es account	:s;					Yes	□No
		ntributions	_				nagen	nent of co	mpanies		Yes	□No
		n or manag			•						☐Yes	□ No
	ss entities.	in or manage	ement of	icgai į	persons or	arrange	IIICIIC.	s, and bu	ying or se	iiiig Oi		
		any of the f	following	activit	ies involvi	ng real e	state	······································				
		lling or leasi							thereon;		Yes	□No
	nvolved in et Gambling	any of the a	ctivities		pelow?		No easing		Gan	ning Hous	es	
	nal Lotteries				ellery deale					Dealer		
Cash I	ntensive tra	de		Pool	l Betting							
		•			-			ng is requ	ired: (ple	ase indic	ate which	are provided)
	_	with Financi ndicating tha						ne with th	ne Proceed	ls of Crim	ne Act, Cha	ap: 11.27
	-	may also be			ee ie rogiete	orod)						
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SECTION 10. Foreign Account Tax Compliance Act (FATCA) Information (tick 'Yes' whe	ere applical	ole to you)					
The Government of the United States of America passed a law in March 2010 under the Foreign Account Tax Compliance Act (FATCA) requiring disclosure on the existence of all accounts held by United States nationals and of any persons or entities to which the following indicia are applicable. Please tick where appropriate pertaining to your U.S. status.							
a) Are you a permanent resident of the United Stated of America (USA) or a USA Citizen (i.e. Holder of a US Green card or US Passport)	Yes	□No					
b) Do you possess a US mailing address?	☐ Yes	□No					
c) Was your place of birth in the USA?	☐ Yes	□No					
d) Do you have a US "in care of" or "hold mail" address or a P.O. address as your primary address?	☐ Yes	□No					
e) Have you granted a power of attorney or signatory authority to a person with a USA address?	☐Yes	□No					
f) Have you provided standing order instructions to transfer funds to an account maintained in the USA or directions received from a USA address?	Yes	□No					
A FATCA CERTIFICATION FOR MON HE REPCONS							
A. FATCA CERTIFICATION FOR NON-US PERSONS							
I certify that: a. I am the individual that is the beneficial owner (or am authorized to sign for the individual that i all the income to which this form relates,	s the benefic	ial owner) of					
b. The person named under the section entitled 'Identity Information' on this form is not a U.S. per	rson,						
c. The person named under the section entitled 'Identity Information' on this form is a resident of	•	•					
they indicated tax is paid (if any) within the meaning of the income tax treaty between the Unite	d States and	that country,					
and I agree that I will advise ANSA Merchant Bank Limited immediately of any changes relating to my U.S	. status						
ragice that I will advise AlvoA Merchant Bank Elimited infinediately of any changes relating to my 0.5	. status.						
Signature/Signature of beneficial owner Date							
(or individual authorized to sign for beneficial owner)							
B. FATCA CERTIFICATION FOR US PERSONS							
If you are a US person and answered "yes" to the Assessment of US Indicia noted above, then:							
I certify that:							
a. The Taxpayer Identification Number (TIN) provided is correct, and							
b. I am a U.S. person.							
c. I have completed an Internal Revenue Service (IRS) US Form W-9- Request for Taxpayer Id	entification	Number and					
Certification TYES NO							
d. I have renounced my US Citizenship and have completed an IRS W-8BEN Form – Certificate of Fo	reign Status	of Beneficial					
Owner for US Tax Withholding YES NO							
Copies of all accompanying evidence in support should be attached to the declaration.	a and ta an	rolovant tov					
I agree that ANSA Merchant Bank Limited can provide to the United States Internal Revenue Servic authority (or any party authorized to act on behalf of such an authority) any of the information provide to the United States Internal Revenue Service authority (or any party authorized to act on behalf of such an authority) any of the information provide to the United States Internal Revenue Service authority (or any party authorized to act on behalf of such an authority) any of the information provide to the United States Internal Revenue Service authority (or any party authorized to act on behalf of such an authority) any of the information provide to the United States Internal Revenue Service authority (or any party authorized to act on behalf of such an authority) and the information provide to the United States Internal Revenue Service authority (or any party authorized to act on behalf of such an authority) and the information provide to act on behalf of such an authority (or any party authorized to act on behalf of such an authority) and the information provide to act on behalf of such an authority (or any party authorized to act on behalf of such an authority) and the information of the information authority (or any party authorized to act on behalf of such authority).	-						
information that may be required to be provided by law to the United States Internal Revenue Services		-					
authority relating to my account(s) held.	vice of other	Televalit tax					
dutility relating to my decount(3) held.							
Signature of US Person Taxpayer Identification Number (TIN) Date							
Signature of the Compliance Officer Date							
at ANSA Merchant Bank Limited							
SECTION 11. Connected Party Information							
Commence of the commence of th							
Are you a major shareholder, partner or director in a business entity that is an existing customer of	☐ Yes	□No					
ANSA Merchant Bank Ltd?							
If yes, please provide details							
Are you a Director/ ¹Officer of any company in the ANSA McAl Group?	∏Yes	□No					
If yes, please provide details	<u>, </u>						
Are you a spouse (including common law), parent, sibling, child or child's spouse of a Director/	☐ Yes	□No					
Officer of any company in the ANSA McAl Group?							
If yes, please provide details							

Section 4 of the Companies Act of Trinidad and Tobago, an "Officer", in relation to a body corporate means—
i) the Chairman, Deputy Chairman, President or Vice-President of the Board of Directors; ii) the Managing Director, General Manager, Comptroller, Secretary or Treasurer; or iii) any other person who performs for the body corporate functions similar to those normally performed by the holder of any office specified in paragraph (a) or (b) and who is duly appointed to perform such functions

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transactions on acco	unts linked to me/ rities Limited, ANS/	ank Limited can disclose t us to any current or futu A Bank Limited, ANSA Mo d Colonial Fire & Genera	ıre financial servi erchant Bank (Bar	ces con rbados)	npanies which a Limited, Trinida	re subsidiaries of AMBL		
Please check the box if you DO NOT wish to have your information shared with any of the subsidiaries of ANSA Merchant Bank Limited								
SECTION 13.	Sustomer Declara	tion						
SECTION 13.	ustomer Deciara	Ition						
to verify the same e	ither directly or th	l by me to ANSA Mercha rough any third-party ag titled to terminate the ac	ent. I also agree	that, if				
_		ne account rules of AMBL issued by AMBL from tim		ee to be	bound by the te	erms and conditions and		
Customer Name	tomer Name Specimen Signature							
SECTION 14.		dgement (required onl			(T:://	- , \		
SECTION 15. F	or Bank Purpose	s Only						
1. Prospective	Customer	Exist	ing Customer	T24 Cus	tomer ID			
O Compuliance Ann	unical in un accional fa			المحمدات	ممناميم مامنمان			
Compliance App POLITICALLY EXPOS		r any customer in the cat		dicate v	vnich applies INFORMAL WORK	ER		
FOREIGN RESIDENT		LAWYER (Private pr			☐ INTRODUCED BUSINESS			
ESTATE EXECUTOR/		ACCOUNTANT (Priv	ate practice)					
POWER OF ALTORN	EY	NOTARY						
3. Customer Risk A	Assessment							
Risk Rating	% Score	Risk Rating	% Score	7 [Risk Rating	% Score		
HIGH RISK	,				LOW RISK			
☐ PEPH		PEPM			PEPL			
4. Has the custome Yes No	·	erified in line with the red		and tru	e copies of docu	ments obtained?		
Dianicii Address/ LC	cauon	Departi	nent Unit					
Name of Txn Officer (Block letters)		Officer's Signature			Date			
Name of Manager (Block letters)	Manager's Signature			Date			

SECTION 12. Customer Consent